

rec'd  
11-4-91

Cedar Grove est.  
Lot 56

SW258

**WV STATE DEPARTMENT OF HEALTH**  
Office of Environmental Health Services  
**ENVIRONMENTAL ENGINEERING DIVISION**

**WELL COMPLETION REPORT**

Date(s) 11/21/90/91 County Hampshire Permit #: DW-14-11-91-126  
Town: \_\_\_\_\_ Area Name/Location \_\_\_\_\_  
Well Owner: James + Rosemary Address: HC 36 Box 364  
Telephone Number: SITES 888-3184 Winchester U.A. 22601.  
Well Driller: Roger L DeHaven Address: HC 36 Box 91  
Telephone Number: 888-3800 Winchester U.A. 22601.

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-15	Yellow Slate.	Type of Well: <u>water.</u> Drilling Method: <u>Air Hammer</u> Well Diameter: <u>6 1/4</u> Casing O.D.: <u>6 5/8</u> Well Depth: <u>610</u> Date Completed: <u>12/5/90/12/71</u> <b>CASING:</b> Length <u>31</u> Feet Height above ground <u>1</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
15-610	Blue Slate	
400-401	16 PM	
		<b>SCREEN</b> <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)			
Pumping Rate (GPM)	<u>1</u>		
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)			
Recovery Time to Static Level (In Hours)			

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
Well Cap: Type, Make, Etc. \_\_\_\_\_  
Well Seal: Type, Make, Etc. \_\_\_\_\_  
Well Platform: Job not by owner  
Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_  
Grouting:  Yes  No  
All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Roger L DeHaven Name Certification No. 021  
Roger L DeHaven Well Drilling Inc Registered Business Name  
Roger L DeHaven Signed Date 11-4-91

WEST VIRGINIA  
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-90-250

Name of Owner James C & Rosemary Sites

Address HC 36, Box 364 (near Stoneville)

Property Address Cedar Grove

DESCRIPTION & NUMBER OF UNITS SERVED

107 #56

Type Facility Served new home No. Water Closets —

Lot Size 3.042 acres sq. ft. Area suitable for sewage disposal installation — sq. ft.

Source of Water Supply well to be drilled No. Lavatories —

No. Bedrooms 3 No. Showers or Tubs — No. Baths —

No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

Material pre-cast concrete Length — x Width — x Depth — = — cubic feet

Liquid Depth — ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 10' Water Supply 50' + Nearest Property Line 50'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches

Trench Depth 20-24 Inches Total Absorption area in Trench Bottom 900 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel #56

No. of Drain Lines 4 Depth Filter Media Under Drain Line 10 Inches

Length of Each Line 85, 90, 80, 45 ft. Depth Filter Media Over Drain Line 2 in.

Distance of Disposal Field to: (a) Dwelling 20'

(b) Water Supply 100' (c) Nearest Property Line 15'

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

5-15-90  
Date

[Signature]  
Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

